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OR							
X Firm or Individual Name Peter F. Corless EDWARDS ANGELL PALMER & DODGE LLP							
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Assignee Name and Address: Government of the United States of America, as represented by the Secretary, Department of Health and Human Services 6011 Executive Boulevard Suite 325 Rockville, Maryland 20852							
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.							
SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee							
Signature Signature			Date	3 roma am Cont			
Name	Susan S. Rucker		Telephone 301-435-4478				
Title Sr. Technology Licensing Specialist							